

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/585,998</div>	FILING DATE <div style="font-size: 1.2em;">7-13-06</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED <small>Article 34 Am</small>		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	14	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	21							TOTAL CLAIMS					